

APPOINTMENT STANDARDIZATION

COMMANDER'S GUIDE TO ACCESS SUCCESS

CHANGE SHEET 5

The following is a summary of changes to the Commander's Guide to Access Success, formerly dated February 28, 2002. **All changes are effective as of May 15, 2002. All changes are italicized in the body of the guide.** Users should either download a new copy of the Commander's Guide or make the appropriate changes to their present copy as indicated below:

All Pages - Change date at the bottom of each page to: "May 15, 2001"

Page

Page II-2 - Section V. Implement Appointment Standardization, change as follows:

From:

C. Implement Nine Standard Appointment Types	MTF
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To:

C. Implement <i>Ten</i> Standard Appointment Types	MTF
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Page II-7, 2.2.4 Miscellaneous Pre-Implementation Procedures, add the following to the end of the first paragraph.

Add: After the APS II + release, the 'X' appointment types will no longer be usable, except TCONX with TCON and TCON\$ which will be used to identify patient calls for appointments that did not result in an appointment.

Page II-7, 2.3 Implementation Strategy, change the following sentence:

From: The APS system enhancements will be rolled out in two releases, CHCS APS I (November 2000) and CHCS APS II (November 2001).

To: The APS system enhancements will be rolled out in two releases, CHCS APS I (November 2000) and CHCS APS II (November 2001), *and in an upgrade (APS II + in June 2002) to turn off non-standard appointment types and detail codes.*

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Page II-16 - Change the following sentence:

From: All appointments may not be able to use the nine appointment types, e.g., at Medical Centers

To: All appointments *must use the ten appointment types and standard detail codes.*

Pages A-2 thru A-5: GAO Concerns Table updated with current status of each concern. Changes are in *italics*.

Nbr	GAO Concern	APS Solution	Vehicle & Release	Current Projects Under Way
4	Appointment names do not relate to the standards for the visit	<i>Ten standard appointment types, each related to an ATC standard, are being implemented. An Open Access (OPAC) appointment type has recently been added.</i>	CHCS APS I (Nov 2000) CHCS APS II + (June 2002)	<i>Open Access is being implemented at clinics on a voluntary basis.</i>
5	Lack of standard appointment names across the MHS	<i>Ten standard appointment types are being implemented across the MHS for 100 percent of the appointments in each clinic. An Open Access (OPAC) appointment type has recently been added.</i>	CHCS APS I (Nov 2000) & CHCS APS II + (June 2002)	<i>Open Access is being implemented at clinics on a voluntary basis.</i>

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Nbr	GAO Concern	APS Solution	Vehicle & Release	Current Projects Under Way
10	Longer time required to book an appointment because appointments cannot be found or may only be booked by MTF staff	<i>Ten</i> standard appointment types and standard detail codes will simplify and standardize booking and make appointments more readily available. Clerks will be able to reconfigure any appointment to meet the patient needs. CHCS will be able to automatically reconfigure open appointments about to expire so that they are more likely to be booked. <i>Open Access being implemented by clinics on a voluntary basis. Open Access will guarantee a patient an initial appointment on the day they call.</i>	CHCS APS I (Nov 2000) & CHCS APS II (Nov 2001) & CHCS APS II + (June 2002)	Set standards for "MTF Book Only" appointments. Remove the \$ suffix. Review use of all detail codes, especially PBO detail code on TOC reports.

Page C-2, paragraph 5. The *Ten* MHS Standard Appointment Types and Access Criteria, add the following appointment type.

- OPAC Open Access (same day patient calls for appointment)

Page C-3, paragraph 6. Booking Authority, change as follows:

From: By APS III the X extender will be inactivated.

To: *In APS II + the* X extender will be inactivated.

Page E-4 - Insert under Appointment Standardization Business Rules, 1.2 Appointment Types:

- *APS II Functionality:*
 - *Ten* standard appointment types are allowed (for schedulable appointments only). Patient access standards are indicated. Appointments types will be used as follows.

—For Primary Care Only

»PCM 28 day access

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»ROUT 7 day access

–For Specialty Care Only

»SPEC 28 days/provider designated

–For Both Primary and Specialty Care

»ACUT 24 hour access

»OPAC *Same Day*

»WELL 28 day access

»PROC 28 days/provider designated

»EST provider designated

»GRP provider designated

»TCON N/A

Page E-4 - Under Appointment Standardization Business Rules, 1.3 Detail codes, first bullet, change the following:

From: Sites may only add site defined age codes and any approved standard detail code published in the Commander's Guide to Access Success.

To: *After APS II + is released*, sites may only add site defined age codes.

Page E-13, 3.5 Booking an Appointment (General) - add Open Access as follows.

<u>ATC</u>	<u>Appointment Type</u>	<u>ATC</u>
<u>Category</u>		<u>Standard</u>
<i>ACUTE</i>	→ <i>OPAC</i>	<i>Same Day</i>

Page F-2 - A. Effectiveness Measures: Yes/No Does the process work?, insert a new item 6 and renumber remaining items:

Add:

6. # Open Access appointments seen the same day	CHCS
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Page F-2 - B. Efficiency Measures: How well does the process work?, insert a new item 3 and renumber remaining items:

Add:

3. % of Open Access seen on the day the patient called for the appointment	CHCS
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Page H-7 - Add a new appointment type and definition, OPAC:

Add: 10. OPAC (Open Access Appointment Type)

The OPAC appointment type is designated for patients who require a routine or acute office visit with their Primary Care Manager (PCM) or a specialist who call in today. Some sites may wish to include wellness appointments. Every effort will be made to allow patients to see their own physician on the same day that they request an appointment, but the clinic does not open itself into a full walk-in type service. The Open Access appointment **is not** an acute, routine, or follow-up type appointment. Follow-up care should be avoided if possible so that ALL the patient's issues are addressed in a single visit so as to eliminate the need to add future appointments/repeat visits for the same patient. Patients may be routed through Nurse Triage, if available, before the OPAC appointment is booked. The Nurse Triage can offer other appropriate alternatives for care such as self-care. In those locations where Nurse Triage is not in place, the concept of "prudent lay-person terminology" will be used in determining whether the patient can wait for a scheduled OPAC appointment or told to report immediately for acute service. OPAC appointment types will only be used in clinics at MTFs that have coordinated their use prior to establishing an open/advanced access appointing process with their Lead Agent and Service Commands.

The OPAC appointment type will use a 24-hour Access To Care standard and map to the Acute ATC category. However the appointment should always be booked the day of the patient request.

Page H-8-Add a new appointment type and definition, OPAC: (continued)

Scenario: Mrs. Snuffy has been experiencing a pain in her shoulder joint area for a couple of days and calls the 1-800 TRICARE Appointment Line on Monday morning to schedule a visit with her Primary Care Manager. The appointment clerk, at an Open Access MTF, in accordance with local guidelines or scripts determines the patient's needs and reaches the decision point to transfer Mrs. Snuffy's call to the Triage Nurse. The Triage Nurse, using approved protocols, rules out self-care and determines that an open access appointment is necessary and Mrs. Snuffy is told that there are appointments available at several times Monday afternoon. Mrs. Snuffy chooses an appointment time of 1400 and, using the Order of Precedence for Appointments Search business rule, the Triage Nurse books the OPAC appointment and gives Mrs. Snuffy appropriate instruction.

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Page H-9 - Change the TCON line and add the OPAC appointment type in the table:

<i>TCON</i>	<i>TCON\$</i>	<i>TCONX (still active)</i>	<i>telephone consults</i>	<i>N/A</i>
<i>OPAC</i>	<i>OPAC\$</i>	<i>N/A</i>	<i>open access</i>	<i>Same day patient calls</i>

Page I-2 - Add the following paragraphs to the end of this appendix.

2. APS II + Conversion

2.1 APS II + Pre-Release

One month prior to the release of APS II + (ca. May 2002), Change Package 41 will be released. This change package will contain the new standard appointment types and detail codes that will become the only appointment types and detail codes permitted to be used in medical clinic profiles, provider profiles, templates, schedules, patient appointments, EOD processing, and waitlist requests. Dental and ancillary clinics will be permitted to use their own appointment types but must use the standard detail codes.

*A report will also be released, the Non-Standard Appointment Types and Detail Codes Summary Report, available on the Problem Avoidance Report Menu as report # 6. The report will list all the non-standard appointment types and detail codes in use for both active and inactive clinics and providers. Sites should run this report and change non-standard appointment types and detail codes to standard values **for active profiles, templates, schedules, available appointments, and wait list requests** before APS II + is loaded. Failure to do so will result in templates and schedules that are inactive, available appointments that do not display when CHCS searches for appointments, and wait list requests that are never appointed. **Booked appointments will not be affected by APS II+ except when accessed in EOD Processing.***

2.2 APS II + Release and Conversion

*Once APS II+ is loaded, the release will inactivate all non-standard appointment types and detail codes with the exception of dental and ancillary non-standard appointment types which may continue to be used for booking. **At this time Dental and Ancillary appointing are not covered by Appointment Standardization policies.** However Dental is considering future MHS-wide participation in Appointment Standardization using the standard appointment types and their own detail codes. Dental appointment types will be identified if a clinic has the C****

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MEPRS code and ancillary appointment types will be identified if a clinic has the DCA MEPRS code. **Site defined age detail codes that do not match the prescribed format will also be inactivated.***

*Booked appointments with non-standard codes will not be affected by the conversion and may be processed normally. **The only exception to this is EOD Processing where the user will be requested to correct non-standard appointment types and detail codes for these appointments.***

*Users will no longer be able to add, edit, or delete standard and non-standard medical appointment types with the following exception. A new APS II + security key, **SD MOD APPT**, will be needed by users who are authorized to update those non-standard appointments types used by Dental and Ancillary clinics.*

*Users will no longer be able to add, edit, or delete detail codes from the Detail Code file. Only authorized users assigned the new APS II+ **SD DETAIL CODE** security key will have the capability to add site-defined AGE detail codes using the standard Age format.*

In addition, with the release of APS II+, the current 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and in Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories.

Page J-1 - J-20 - Add the chapter on Open Access Appointing as Appendix J.

Page K-1 - In the first bullet, change:

From: Nine standard appointment types will be added to the Appointments Type table, each associated with an access to care standard. ... Each of the nine appointment types may support one extender, a "\$".

To: *Ten* standard appointment types will be added to the Appointments Type table, each associated with an access to care standard. ... Each of the *ten* appointment types may support only one extender, a "\$".

From: Non-count appointment types with an "X" extender should be phased out and will not be supported as standard appointment types.

To: Non-count appointment types with an "X" extender should be phased out and will not be supported as standard appointment types *except for TCONX*.

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From: ... and T-CON* fixed appointment types used specifically by the CHCS application.

To: ... and T-CON* fixed appointment types used specifically by the CHCS application. *TCON, TCON\$, and TCONX will not be used for telephone consults; they will be used temporarily to track patient calls for appointments that did not result in an appointment until more complete functionality can be released.*

Page K-1 - In the second bullet, change:

From: A new Appointment Detail table containing approximately fifty seven standard detail codes was to be added to CHCS.

To: A new Appointment Detail table containing approximately *two hundred* standard detail codes *will* be added to CHCS.

Page L-2 - Add the following paragraphs to the end of this appendix.

The APS II + CPET (due out in June 2002) will contain the following features.

- All medical non-standard appointment types and detail codes will be inactivated in profiles, templates, schedules, wait list requests, and unbooked appointments.
- age codes that do not conform to the standard format will be inactivated.
- A pre-release in May 2002 (CP 41) will contain the new standard appointment type and detail code tables with a report, Non-Standard Appointment Types and Detail Code Summary Report, to list all the non-standard codes in active and inactive profiles, templates, etc. where they are still coded. Sites should convert non-standard codes for all active profiles, templates, schedules, etc. before the release of APS II +.
- Dental and Ancillary clinics will still be allowed to use their own appointment types.
- The current 30-day access standard for Specialty and Wellness Access To Care (ATC) categories will be changed to a 28-day access standard. This change will be implemented in all Health Care Finder Booking functions, the Access to Care Summary Report, and in Consult Tracking to support a 28-day access standard for Specialty and Wellness Access to Care (ATC) categories.

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Page M-28 - Add the following detail code.

118a	MH	Mental Health	Mental Health Screening	
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Page O-2 - In the third bullet, change:

From: Local MTF training should emphasize selection of appropriate access standards, use of the nine appointment types, ...

To: Local MTF training should emphasize selection of appropriate access standards, use of the *ten* appointment types, ...

Page Q-6 - Add to the end of the table:

<i>Before APS II + Release</i>			
Run the Non-Standard Appointment Type and Detail Code Summary Report from Problem Avoidance Report Menu. Change 100% of the non-standard appointment types and detail codes in active Clinic Profiles, Provider Profiles, templates, schedules, wait lists, etc. (per the report) to standard codes before installing APS II +.		<i>May 2002</i>	
Install APS II +. Will inactivate all remaining non-standard appointment types and detail codes and change the access standard for well, specialty, and procedure appointments from 30 to 28 days. Will leave dental and ancillary appointment types as is.		<i>June 2002</i>	

Page R-1 - Change the following.

From: TMA is in the process initiating a Systems Change Request to allow for a 4 week search.

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To: *APS II + will implement a 28 day standard for Wellness and Specialty access to care categories that will change the current 30 day standard.*